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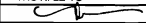
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THU H. LE-TO	(Depositor's name)
	(Signature)
DECEMBER 19, 2008	(Date)

28075 7590 1003/2008
CROMPTON, SEAGER & TUFT, LLC
1221 NICOLLET AVENUE
SUITE 800
MINNEAPOLIS, MN 55403-2420

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10826,960	04/15/2004	Sheng-Ping Zhong	10527-447001 / 02-200	2208
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TITLE OF INVENTION: MAGNETIC RESONANCE IMAGING OF A MEDICAL DEVICE AND PROXIMATE BODY TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/05/2009
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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ROZANSKI, MICHAEL T	3768	600-420000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **CROMPTON, SEAGER**

2. **& TUFT, LLC**

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC SCIMED, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MAPLE GROVE, MINNESOTA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Advance Order - # of Copies ONE (1)

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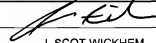
☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

12-19-2008

Typed or printed name

J. SCOT WICKHEM

Registration No. 41,376

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